

hundred. Instead of an attendance of thirty to fifty as at present, there should be from one hundred to one hundred and fifty at each meeting. Observation will teach you that it is frequently our busiest and most successful practitioners who are found in regular attendance at our medical societies and conventions. Experience has taught them how profitable it is to be there, for they get greater inspiration for their work, the mental horizon is broadened, the getting in touch with one another through this personal contact and exchange of ideas helps to do away with the petty jealousies, dissensions and bickerings which have been the curse of our profession in the past. They become not only better physicians for being there, but better men and better citizens.

No matter how remote, obscure or poor the physician may be, he cannot afford to stand aloof from his brother practitioners, and fail to attend these meetings. To do so, from the mistaken idea that he cannot afford the time required or expense incurred in attendance, is to impoverish himself a hundred fold. It is the everlasting grind and narrow routine of daily life that kills, and he who plods along from year to year, without change, rest and recreation, or strives to run the race alone, does by this very isolation tend to become narrow, warped and soured, disgusted with himself, his profession and the whole world.

Finally, if we come together to-day, with the purely selfish purpose of seeing, hearing and learning, without a thought of reciprocity in giving, building and constructing, we are failing in the highest of our obligations and opportunities. Let us begin the work before us with a broadminded tolerance for differences of opinion, in a spirit of charity, good fellowship and brotherly love, with only this end in view, the uplifting of humanity and the advancement of our profession.

PROPRIETARY MEDICINES.*

By A. JACOBI, M. D., LL. D., New York.

Goethe once said that the most interesting book that could be written would be a treatise on human errors. In that book, large like a library, the history of quackery—well meant or deceitful—would fill a large place. The distrust of medicine and its powers is as old as the world, for not many ever knew or cared to appreciate what medical science or art is capable or not of accomplishing, or should be held responsible for. Besides, the more uncultured or uncontrolled the human intellect the greater is the predominance of mysticism. In Greece quackery was rife and Aristophanes made it the subject of ridicule. The elder Cato, who advised the use of cabbage against all sorts of disease and employed witchcraft and incantations for luxations, demanded the expulsion from Rome of the Greek physicians. The iatromechanics, who taught the direct interdependence of stars and man and prescribed pills compounded during the conjunction of Jupiter and Venus, and the mediaeval priests who cured

with prayers and processions and *auto da fes*, must surely have met with failures and driven the sick somewhere else. Even the specialists among the saints, St. Anna the ophthalmologist, St. Judas the doctor for cough, St. Valentine for epilepsy, St. Rochus the veterinarian, may have made mistakes and proved incompetent.

Nor was the public always edified by the doctors in other respects. Hippocrates complains bitterly of the contests of doctors among each other. More than 2,000 years later Peter Frank thought and advised seriously that the only way to procure an orderly consultation was to call in the police. The maltreatment they were exposed to in the Middle Ages, the contempt in which wounds and ulcers were held, so that the medical faculty of Paris about 1300 committed their candidates by oath not to practice surgery; the barbarous methods of treatment by fire for the dangerous body fluids to which everything was attributed, and afterward the nauseating draughts with which the sick were punished until no better man than Hahnemann tried to redeem them—all that did not contribute to add to the dignity of the profession and to the confidence of the public. All that drove the masses into the arms of the sectarians and the quacks.

Then followed the era of scientific medicine, little more than half a century ago. It was built up on anatomy and physiology and was studied on biologic lines. We should have suspected that the darkness of quackery would disappear before the new light. On the contrary, it has grown in geometric proportions until the accumulated ignorance of quacks and fakers has become a power in every land. The Germans, who like to style themselves the nation of thinkers, have more quacks than any other people. Indeed, Saxony and Bavaria have one quack to two regular physicians; Berlin itself has two to nine. It is in Berlin that 29 per cent of the men among the quacks, including clergymen, workmen, stewards, bathhouse keepers, shepherds and university students—and 14.4 per cent of the women had, before embarking in the practice of doing the sick people, collided with the law courts on account of theft, forgery and sexual crime. It is in Berlin that has a judge who, in discharging one of that ilk, said the man deserved the greatest confidence, for he was in possession of very good prescriptions obtained from the servant of a famous dermatologist.

Scientific medicine, as developed by the Vienna school more than fifty years ago, ended in nihilism. Patients, however, would not long be satisfied with being merely percussed and auscultated and autopsied. They had the pardonable wish to be healed and cured. But the only chance they were given was to serve as scientific material. With that they were not pleased and ran off to fill the offices and the coffers of the quacks. Then, after Skoda and Rokitansky, came Virchow, the great man of the century, the enemy of mysticism and obscurantism, the daily discoverer of new facts and new methods in pathologic anatomy, the founder of the cell theory, the great anthropologist and hygienist, the assiduous therapist of the individual man and of society,

* From the Journal A. M. A.

the very realization of what Aristotle meant by his "politician," that is, the philosophical and scientific statesman. The great mistake of his life resulted from his democratic confidence in the people. His idealism moved him to believe that the people would instinctively distinguish between the physician and the quack; it was on his advice that the Prussian parliament opened the doors to the fakers and reduced the medical profession to a trade. That was in 1869. He learned too late that people do not know who is who in medicine. People are not even taught by lectures or pamphlets or books, which are superfluous to the physician and not read by the masses. It is their nature to prefer to be in opposition at all hazards. They would rather pay hundreds of millions annually for pseudo-doctrines as displayed in books and journals and for proprietary medicines.

Do you care to know about how many there are? Up to October 12, 1900, there were United States patents for 321 disinfectants, 30 extracts, 48 hair dyes and tonics, 180 insecticides, 376 internal remedies, 56 plasters, 371 topical remedies, 78 veterinary medicines. There were trademarks for drugs and chemicals, 319; medical compounds, 5,794, which increase at the rate of 250 annually. The State Board of Health of Massachusetts has examined about sixty proprietaries for their per centage of alcohol, according to the board's report Howe's Arabian Tonic, "not a rum drink," contains 13.2 per cent.; Parker's Tonic, "purely vegetable," recommended for the cure of inebriates, 41.6 per cent.; Schenck's Seaweed Tonic, "entirely harmless," 19.5 per cent.; Copp's White Mountain Bitters, "not an alcoholic beverage," 6 per cent.; Greene's Nervura, 17.2 per cent.; Hoofland's German Bitters, "entirely vegetable and free from alcoholic stimulants," 25.6 per cent.; Kaufman's Sulphur Bitters, "contains no alcohol," 20.5 per cent. and no sulphur; Whiskol, "a non-intoxicating stimulant," 28.2 per cent.; Golden's Liquid Beef Tonic, "for treatment of alcohol habit," 26.5 per cent.; Hood's Sarsaparilla, 18.8 per cent.; Peruna, 28.59 per cent.; Lydia Pinkham's Vegetable Compound, 20.61 per cent.; Kilmer's Swamp-Root, 7.32 per cent.

We, the doctors, like Virchow, our great master, are responsible for a great deal of this injury that is done to the people. For a baby it is we that prescribe artificial foods, the composition of which we do not know. What Nature gives us at a low price—milk, cereals, salt and sugar—we know and therefore underestimate. Nature is democratic and offers the best she has for the rich and the poor alike. We covet what is unknown and high-priced. We prescribe nostrums of known or unknown composition; the latter is not far from criminal, the first would be excusable but for two reasons. One of them is that the manufacturer looks for the good that he can do to himself, and that factories are not run for your benefit; the second is that an unalterable formula, though its composition may correspond with the label, should not be used by the physician who deals with a variety of cases, ages and circumstances. I do not blame a layman who indulges in

self-medication after being treated by his physician with a remedy he sees advertised in the glowing headlines of his daily paper. I have known at least one of the infant foods that was advertised and sold for twenty years, and then publicly discarded by the manufacturer, who claimed to have at last found the proper—probably cheaper—compound. The layman must be excused for refusing to pay a doctor in addition to the advertising expenses of the tradesman.

We physicians do more. We take medical journals that advertise nostrums, that print "reading notices" of proprietary medicines, old and new; that sell pages of their issue to the trade; that print eulogies of factory products in the shape of "original articles;" that alternate their medical and advertising pages. When I spoke of this abomination before the International Medical Congress of Paris in 1900 a Western medical journal of that style asked the appropriate question: "Who, after all, is this Dr. Jacobi? If it had not been for us, the journals, he would have lived and died in obscurity."

Thus it is that even the mind of the medical man is gradually poisoned. What these sheets do not, perhaps, accomplish fully, the glib agent—sometimes an M. D., who gains access to you by the card he sends in to you—will complete. He dumps his wares—his blotters, ink-stands, paper-knives, pencils, blank books and almanacs—on your table, either personally or through the post office. Well, he can afford it. For the poisonous anilin preparation with sodium bicarbonate which he baptizes with a hybrid name and which is prescribed by thousands of us yields him a thousand per cent. of profit. And how? It has been given admission to what should be your sacred medical book, the United States Pharmacopeia. That is why you find thousands of doctors and hundreds of apothecary shops with stacks of advertising sheets and quackish booklets, but without a United States Pharmacopeia or the American Pharmaceutical Association's formulary. That is why a friend found the expensive prescription of a prominent New York practitioner which read: "Remedium Spontaneum, Radway," and which meant no less than merely cheap "Radway's Ready Relief." The same friend took the trouble of examining 50,000 prescriptions compounded in a number of drug stores. Between 1850 and 1873 he met on the prescriptions of physicians no nostrums and no machine-made tablets; in 1874, 1 in 1,500; between 1875 and 1880, 2 per cent. of them; 1880-1890, 5 per cent.; 1895, 12 per cent.; 1898, 15 per cent.; 1902-1903, from 20 to 25 per cent. In a large drug store, one of the gaudy ones, to which the prescriptions of our fashionable doctors are sent, I was assured that 70 per cent of the prescriptions sent in by reputable physicians contained either nostrums pure and simple or as a part of a compound.

Perhaps it would lead too far to examine all the reasons for that demoralization. But one of them should be generally known and appreciated, which is that there are very few medical schools a graduate will leave, diploma in hand, with the knowledge and practice of writing a prescription. Our medical

schools neglect their duties by thus omitting to teach the art of medicine in combination with what is exclusively and pompously called "science." Let the schools remember what every one of us general practitioners can tell them, that medicine means both science and art. I have here the prescription, dated April 14, 1906, which was given to a patient, who swallowed the stuff, by the professor of pharmacology and therapeutics in one of the great universities between the Atlantic and the Mississippi—very far from the Mississippi—which is a mixture of scientific and queer language, viz., "Bili-salol"—what is bili-solol in the Pharmacopeia?—"0.25, dentur tales doses No. C, three to five pills after meals three times a day."

If there is so much proprietary medicine prescribed, and so much quackery, clear your own skirts, professors and doctors. The quacks and manufacturers smile at our unctuous words and unclean hands.

GENERAL ENTEROPTOSIS.*

By J. HENRY BARBAT, Ph. G., M. D., San Francisco.

My reason for bringing this subject before you is that it is being overlooked in a large proportion of cases, and thousands of women are leading a miserable existence, and suffering untold torture, because their disease has been improperly diagnosed, and therefore improperly treated. By the term "general enteroptosis" or Glenard's disease, or splanchnoptosis, we refer to a condition of the abdominal contents characterized by a relaxation and lengthening of the peritoneal supports, allowing the viscera to descend below their natural position, especially when the body is upright. While ptoses of the various organs had been recognized by various authors for many years previous, it is to Glenard that we must give credit for having first described, in 1885, the symptom-complex of this condition and devised means to ameliorate the misery of patients suffering from this disorder. His observations have been confirmed by all who have followed this line of work, and the importance of the subject can be understood when we appreciate the fact that from 10 to 25 per cent. of women applying to the gynecologist for treatment, are suffering from this disease.

Women are afflicted about ten times as often as men. Age has no bearing, except that it is uncommon to find a general enteroptosis in children, the kidney alone being displaced. No reference is made to congenital floating kidney. The etiologic factors may be divided as follows:

Hereditary and constitutional.

P. Mathes says that "enteroptosis is a constitutional and hereditary anomaly of the abdominal organs consisting of weakness and absence of vital energy in the whole body. The ptoses are due to insufficiency of the hypoplastic sunken thorax, and secondarily to the weakness of the abdominal walls. The enteroptotic habit is identical with the phthisical habit."

Developmental: In these cases we find girls

about the age of puberty assuming a new form of dress, necessitating corsets, which as a rule compress the waist; and with the weight of the clothes, causes a dragging on the viscera in the lower abdomen, producing lengthening of the peritoneal supports.

Post partum and postoperative types: After parturition in women in whom the abdominal wall has been overdistended, we find that the recti muscles have been either separated, producing a diastasis, or else have been so stretched that involution has not taken place, allowing the lower portion of the abdomen to balloon out, inviting the descent of the viscera. This is further increased if the patient wears anything tight about the waist line. The same conditions will sometimes obtain after the removal of large abdominal tumors, especially if the patient's general health has been seriously compromised.

Traumatic: Sudden, violent or infrequent exercises, such as falls, jumping, lifting, dancing, horse-back riding, coughing, etc., may start some of the organs, and once started the ptosis will gradually become worse.

Nutritional: In which the abdominal wall has been weakened by long continued sickness, or in which the abdominal fat has been increased and diminished frequently.

Renal and pelvic congestion during menstruation, by increasing very materially the weight of the organs, has a tendency to produce ptoses.

The organs are involved in the following order of frequency: Right kidney, transverse colon, stomach, left kidney, liver, spleen. The right kidney is found movable ten times as often as the left, and both kidneys in 15 per cent of all cases.

The right kidney is most often displaced; first, on account of the relation of the liver which is over it, and whose weight and size may vary at different times in the same individual.

Second, the ascending colon, at the hepatic flexure is more movable than the descending colon and splenic flexure, and is a factor in the production of nephroptosis.

Third, the right renal artery is longer than the left, and therefore allows more motion in the right kidney.

Fourth, the suprarenal vein in the right side empties into the vena cava inferior, while on the left side the suprarenal vein joins the renal, affording some support to the left kidney.

Fifth, the second and third portions of the duodenum press on the right kidney.

The transverse colon often begins its descent by being weighed down with fecal matters, which are not removed with sufficient frequency, and ptosis of the transverse colon is a factor in the production of nephroptosis and gastrop-tosis. Hepatoptosis, while an occasional symptom in general enteroptosis, is also often found alone, and in these cases is due as a rule to trauma. The same may be said of splenoptosis.

The majority of patients suffering from enteroptosis who apply to us for relief, are not aware of the fact that their abdominal organs are displaced and

* Read at the Thirty-sixth Annual Meeting of the State Society, San Francisco, April, 1906.